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CADMEN D		CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE
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lf th	entry in colum	IN 1 is less than th	entry in only	mn 2, write "0" in co	lumn 9	+140=		OR	+280=	
ग प्राप्त Yf the	e "Highest Num e "Highest Num	iber Previously Pai iber Previously Pa	ld For" IN THIS ld For" IN THIS	on 2, write of the co S SPACE is less that S SPACE is less that Independent) is the	n 20, enter "20." In 3. enter "3."	TOTAL ADDIT: FEE und in the ap	<u> </u>		TOTAL DIT. FEE an 1.	

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PATENT APPLICATION FEE DETERMINATION RECORD 09/531287 Effective December 29, 1999 **CLAIMS AS FILED - PART I OTHER THAN** SMALL ENTITY **SMALL ENTITY** TYPE _ OR (Column 2) (Column 1) NUMBER EXTRA **RATE** FEE NUMBER FILED FEE RATE **FOR** 690:00 345.00 OR BASIC FEE minus 20= X\$18=X\$ 9= OR **TOTAL CLAIMS** minus 3 =X78= X39 =INDEPENDENT CLAIMS OR MULTIPLE DEPENDENT CLAIM PRESENT +260= +130= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL **OTHER THAN** CLAIMS AS AMENDED - PART II **SMALL ENTITY** SMALL ENTITY OR (Column 3) (Column 2) (Column 1) ADDI-HIGHEST ADDI-CLAIMS NUMBER PRESENT TIONAL REMAINING RATE TIONAL RATE **PREVIOUSLY** EXTRA **AFTER FEE** FEE PAID)FOR **AMENDMENT** Ш X\$18≥ AMENDM X\$ 9= OR Minus Total Minus X78= Independent X39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= CR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) ADDI-HIGHEST CLAIMS ADDI-REMAINING NUMBER PRESENT **TIONAL** TIONAL RATE RATE **PREVIOUSLY EXTRA AFTER FEE AMENDMENT** FEE PAID FOR AMENDMENT 20 X\$18= X\$ 9= Minus OR Total Minus Independent X78= X39-OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS ADDI-PRESENT NUMBER REMAINING TIONAL RATE RATE TIONAL **PREVIOUSLY EXTRA AFTER AMENDMENT** FEE FEE **AMENDMENT** PAID FOR X\$18= Minus X\$ 9= Total OR Minus Independent X78= X39 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

oplication or Docket Number